## **Tempe Parks and Recreation**

3500 South Rural Road, Tempe, AZ 85282



## Adult Sports Opportunities Individual Registration

If you are new to the area and would like to enjoy the benefits of adult sports league play, Tempe Parks and Recreation now offers the opportunity to register as an individual. The individual registrations will be used in the attempt to form a team off the individual registration list or will be used for coaches looking for players. There is no guarantee a team will be formed off the individual registration list or a team will pick you up. Names will remain on the list for one season. If you did not get on team you must re-submit a new individual registration form.

To register, fill out the information below and mail, drop off, or fax (480-350-5058) the form below, attn: Adult Sports.

Parks and Recreation office is located on the 2<sup>nd</sup> floor of the Tempe Public Library (3500 S. Rural Rd, Tempe, 85282).

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<b>Registration Information</b>					
☐ I would be inter-	ested in forming a tea	m off the individua	al registration	list.	
My Primary Athletic interest is:	My Sport(s) of interest is:		□ M	Ien's Softball Leagues O-Rec Softball Leagues	
☐ Recreational League Play	Men's Basketball Leagues			Vomen's Softball Leagues	
1 0				dult Co-Rec Soccer Leagues	
		☐ Women's Volleyball Leagues		☐ Men's Flag Football Leagues	
		☐ Co-Rec Volleyball Leagues		Ien's Baseball Leagues	
Additional Information:					
Individual Adult Sport Registrati	ion – Please Print Clea	nrly			
Name		E-mail address			
Address		City	Zip	Age	
Home Phone	Work Phone		Mobile		
	Waiver o	of Liability -			
<ul> <li>With knowledge and appreciation of the participating.</li> <li>I understand the City of Tempe does not of a understand that all reasonable efforts will fit the Activity includes any physical exert a fully understand the nature of this Activity officers, council members, and sponsors employees, officers, council members, and a result of my participation in this Activity.</li> <li>I agree to look to my private physician for or modifications I might need to the Activity.</li> <li>I have read and clearly understand the a Linkility. Union its forman and the analysis.</li> </ul>	arry accident, sickness, or ral be extended to insure my ion, I agree to perform the exity, and I waive and relefor any and all rights and cd sponsors for personal injury.  I medical advice and care a vity. I will require the follower.	rticipate in this Activity medical insurance for p health and safety. exercise at my own abil ase and hold harmless claims for damages or of arry, death, or property of and to notify my teache owing accommodation	y. I agree to assarticipants.  lity level. the City of Temcosts I may have lamage suffered ber or instructor of to participate:	npe and any of its agents, employees, against the City of Tempe, its agents, by me, or that I may cause to others, as f any physical limitations I might have	
Liability. I sign it of my own free will.  REQUIRED: Participant's Signature				Date	
REQUIRED. Faithcipain's Signature				Date	
			L:\SI	PORTS\ADULT SPORTS Individual Registration.doc	